



iowa department of environmental quality

reply to: John Vedder
phone: 515/281-8926

Compliance Div

March 10, 1981

Gordon B. Madlock, Safety & Security Supervisor
Sheller-Globe Corporation
2500 Highway 6 East
Iowa City, IA 52240

RE: Hazardous Waste Storage Facility Inspection
EPA Identification Number IAD006537237

Dear Mr. Madlock:

Enclosed is a report of an inspection of your facility which was conducted by Steve Hoambrecker, Paul Lundy and John Vedder of our regional and central office staffs.

The report indicates that several administrative and operational deficiencies exist at your facility. We request that these deficiencies be corrected by May 11, 1981 for all applicable requirements noted in the report.

We request submission of the following plans and documents by May 19, 1981:

1. Waste analysis plan.
2. Inspection schedule for the tank & container storage area.
3. Position descriptions for the personnel who handle hazardous waste at your facility.
4. Contingency plan.

We request certification on or before May 19, 1981 that the following requirements are being complied with.

1. Conduction of waste analysis according to the waste analysis plan.
2. Placement of warning signs at access points to the storage area.
3. Placement of "No Smoking" signs in the ignitable waste storage area.
4. Arrangements for emergency preparedness with local authorities.
5. Provision for immediate access to an external communications system at the storage area or documentation of why such a provision is considered unnecessary.

AQ-SS-1-L28



R00111039
RCRA RECORDS CENTER

Main Office: Henry A. Wallace Building, Des Moines, Iowa 50319

Regional Office #1
209 N. Franklin St.
Manchester 52057

Regional Office #2
509 S. President
P.O. Box 1443
Mason City 50401

Regional Office #3
401 Grand Ave.
P.O. Box 270
Spencer 51301

Regional Office #4
316 Walnut
Atlantic 50022

Regional Office #5
317 E. 5th St.
P.O. Box 6160
Des Moines 50309

Regional Office #6
117 N. 2nd Ave.
P.O. Box 27
Washington 52353

CROSS-REFERENCED DOCUMENT

Document Description:

#8

Date: _____

Major/Minor Break: Pt A check sheet 1pg (top)

Author: _____

Recipient: _____

Doctitle: _____

This Slipsheet Located in Major/Minor Break: _____

This Document has also been Cross-Referenced in Major/Minor Break(s):



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII
P. O. BOX 15606
KANSAS CITY, MISSOURI - 64106

ACKNOWLEDGEMENT OF APPLICATION FOR A HAZARDOUS WASTE PERMIT

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown in the box below, and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

EPA I.D. NUMBER

IAD005136023
KEOKUK DIVISION SHELLER-*
3200 MAIN
KEOKUK

FACILITY ADDRESS

1

52632

FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>		I. EPA I.D. NUMBER FIAD005136023	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					

II. POLLUTANT CHARACTERISTICS							
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.							
SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY	
1	KEOKUK DIVISION

IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	
2	Mike Stone Plant Engr.
B. PHONE (area code & no.)	
3	319 524 4560

V. FACILITY MAILING ADDRESS	
A. STREET OR P.O. BOX	
3	3200 Main Street
B. CITY OR TOWN	
4	Keokuk
C. STATE	D. ZIP CODE
Ia	52627

VI. FACILITY LOCATION			
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5	Same as Above		
B. COUNTY NAME			
LEE			
C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6			

NOV 20 1980

VIII. OPERATOR INFORMATION

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)				D. PHONE (area code & no.)			
F = FEDERAL	M = PUBLIC (other than federal or state)	P	(specify)	C			
S = STATE	O = OTHER (specify)			A	4 1 9	2 5 5	8 8 4 0
P = PRIVATE				15	16 - 18	19 - 21	22 - 28

F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND	
Toledo										Oh		4,3,6,9,7		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15	16					40	41	42	47			51			

X. EXISTING ENVIRONMENTAL PERMITS																		
A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)												
C	T	I										C	T	I				
9	N		I, A, 0, 0, 0, 0, 5, 2, 3,									9	P					
15	16	17	18				30	15	16	17	18				30			
B. UIC (Underground Injection of Fluids)						E. OTHER (specify)												
C	T	I										C	T	I				(specify)
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15	16	17	18				30	15	16	17	18				30			
C. RCRA (Hazardous Wastes)						E. OTHER (specify)												
C	T	I										C	T	I				(specify)
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XI. MAP

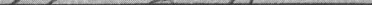
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of crash pads for the automotive industry.
Manufacture of rubber weatherstrip for the automotive industry.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE <i>(type or print)</i> Roger L. Burtraw, Division General Manager	B. SIGNATURE 	C. DATE SIGNED 11-17-80
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COMMENTS FOR OFFICIAL USE ONLY

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EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
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IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)					B. ESTIMATED ANNUAL QUANTITY OF WASTE					C. UNIT OF MEASURE (enter code)	D. PROCESSES													
	23	24	25	26	27	28	29	30	31	32		33	34	35	1. PROCESS CODES (enter)					2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
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2	F	0	0	3															Included in Above						
3	U	1	4	0															" " "						
4	U	2	2	3															" " "						
5	U	2	2	9															" " "						
6	U	2	3	8															" " "						
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8	F	0	1	7	15,000					P	S	0	1												
9	F	0	0	5															Included in Above						
10	U	0	0	2															" " "						
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11-17-80

C DATE SIGNED _____

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II. FIRST OR REVISED APPLICATION																																																																																																																															
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.																																																																																																																															
A. FIRST APPLICATION (place an "X" below and provide the appropriate date)																																																																																																																															
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)										<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)																																																																																																																					
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B. REVISED APPLICATION (place an "X" below and complete Item I above)																																																																																																																															
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III. PROCESSES - CODES AND DESIGN CAPACITIES																																																																																																																															
A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).																																																																																																																															
B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.																																																																																																																															
1. AMOUNT - Enter the amount.																																																																																																																															
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.																																																																																																																															
<table border="1"><thead><tr><th>PROCESS</th><th>PRO-CESS CODE</th><th>APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY</th><th>PROCESS</th><th>PRO-CESS CODE</th><th>APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY</th></tr></thead><tbody><tr><td>Storage:</td><td></td><td></td><td>Treatment:</td><td></td><td></td></tr><tr><td>CONTAINER (barrel, drum, etc.)</td><td>S01</td><td>GALLONS OR LITERS</td><td>TANK</td><td>T01</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td>TANK</td><td>S02</td><td>GALLONS OR LITERS</td><td>SURFACE IMPOUNDMENT</td><td>T02</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td>WASTE PILE</td><td>S03</td><td>CUBIC YARDS OR CUBIC METERS</td><td>INCINERATOR</td><td>T03</td><td>TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR</td></tr><tr><td>SURFACE IMPOUNDMENT</td><td>S04</td><td>GALLONS OR LITERS</td><td>OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)</td><td>T04</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td>Disposal:</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>INJECTION WELL</td><td>D79</td><td>GALLONS OR LITERS</td><td></td><td></td><td></td></tr><tr><td>LANDFILL</td><td>D80</td><td>ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER</td><td></td><td></td><td></td></tr><tr><td>LAND APPLICATION</td><td>D81</td><td>ACRES OR HECTARES</td><td></td><td></td><td></td></tr><tr><td>OCEAN DISPOSAL</td><td>D82</td><td>GALLONS PER DAY OR LITERS PER DAY</td><td></td><td></td><td></td></tr><tr><td>SURFACE IMPOUNDMENT</td><td>D83</td><td>GALLONS OR LITERS</td><td></td><td></td><td></td></tr><tr><td>UNIT OF MEASURE</td><td>UNIT OF MEASURE CODE</td><td>UNIT OF MEASURE</td><td>UNIT OF MEASURE CODE</td><td>UNIT OF MEASURE</td><td>UNIT OF MEASURE CODE</td></tr><tr><td>GALLONS</td><td>G</td><td>LITERS PER DAY</td><td>V</td><td>ACRE-FEET</td><td>A</td></tr><tr><td>LITERS</td><td>L</td><td>TONS PER HOUR</td><td>D</td><td>HECTARE-METER</td><td>F</td></tr><tr><td>CUBIC YARDS</td><td>Y</td><td>METRIC TONS PER HOUR</td><td>W</td><td>ACRES</td><td>B</td></tr><tr><td>CUBIC METERS</td><td>C</td><td>GALLONS PER HOUR</td><td>E</td><td>HECTARES</td><td>Q</td></tr><tr><td>GALLONS PER DAY</td><td>U</td><td>LITERS PER HOUR</td><td>H</td><td></td><td></td></tr></tbody></table>																				PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	Storage:			Treatment:			CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY	TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY	WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR	SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY	Disposal:						INJECTION WELL	D79	GALLONS OR LITERS				LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER				LAND APPLICATION	D81	ACRES OR HECTARES				OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY				SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS				UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A	LITERS	L	TONS PER HOUR	D	HECTARE-METER	F	CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B	CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q	GALLONS PER DAY	U	LITERS PER HOUR	H		
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SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY																																																																																																																										
Disposal:																																																																																																																															
INJECTION WELL	D79	GALLONS OR LITERS																																																																																																																													
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER																																																																																																																													
LAND APPLICATION	D81	ACRES OR HECTARES																																																																																																																													
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY																																																																																																																													
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS																																																																																																																													
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE																																																																																																																										
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A																																																																																																																										
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F																																																																																																																										
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B																																																																																																																										
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q																																																																																																																										
GALLONS PER DAY	U	LITERS PER HOUR	H																																																																																																																												
EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.																																																																																																																															
S T/A C																																																																																																																															
C DUP 1																																																																																																																															
1 2 13 14 15																																																																																																																															
LINE NUMBER A. PRO-CESS CODE (from list above) B. PROCESS DESIGN CAPACITY FOR OFFICIAL USE ONLY																																																																																																																															
LINE NUMBER A. PRO-CESS CODE (from list above) B. PROCESS DESIGN CAPACITY FOR OFFICIAL USE ONLY																																																																																																																															
16 - 18 19 27 28 29 - 32																																																																																																																															
X-1 S 0 2 600 G 5																																																																																																																															
X-2 T 0 3 20 E 6																																																																																																																															
1 S 0 1 11000 G 7																																																																																																																															
2 8																																																																																																																															
3 9																																																																																																																															
4 10																																																																																																																															
16 - 18 19 27 28 29 - 32																																																																																																																															

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS	P
TONS	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS	K
METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

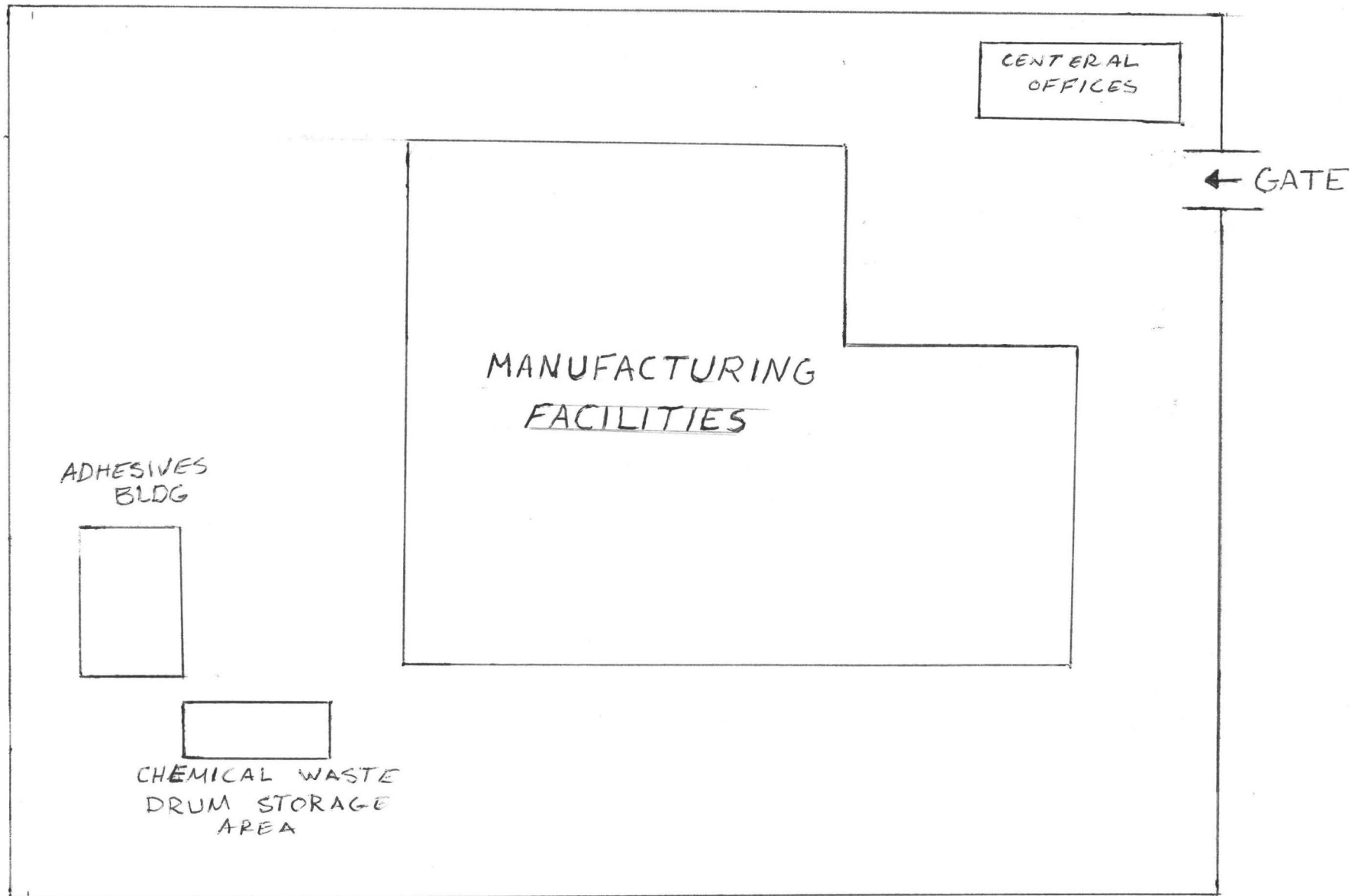
2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



[illegible]

SECTION V - HEALTH HAZARD DATA

THRESHOLD LIMIT VALUE

Approximately 350 ppm

EFFECTS OF OVEREXPOSURE

Light-headedness, mental confusion, nausea, vomiting and headache. Cont'd exposure may result in staggering and loss of consciousness, high vapor may cause eye irritation, respiratory tract irritation, skin contact may cause irritation.

AGENCY AND FIRST AID PROCEDURES

Quickly remove person from exposure. Keep warm, quiet, and get medical help.

Remove contaminated clothing at once. Wash affected skin areas with warm water. For eyes, wash with plenty of water for 15 minutes. For ingestion call physician. Induce vomiting. In all cases, call a physician.

SECTION VI - REACTIVITY DATA

STABILITY	UNSTABLE	<input checked="" type="checkbox"/>	CONDITIONS TO AVOID
	STABLE	<input type="checkbox"/>	contact with flame or hot, glowing surfaces may produce toxic gases (phosgene)
INCOMPATIBILITY (Materials to avoid)			
Oxygen under pressure, metal powders (AL, MG, ZN, etc.)			
HAZARDOUS DECOMPOSITION PRODUCTS			

HAZARDOUS POLYMERIZATION	MAY OCCUR	<input type="checkbox"/>	CONDITIONS TO AVOID
	WILL NOT OCCUR	<input checked="" type="checkbox"/>	

SECTION VII - SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED

Avoid prolonged or repeated breathing of vapor. Avoid contact with the skin.

WASTE DISPOSAL METHOD

Put back in drum, seal tight, and return to Waste Research.

Recclamation for recycling.

SECTION VIII - SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION (Specify type)

None for normal use. severe exposure: Use Bureau of Mines respiratory equipment

VENTILATION	LOCAL EXHAUST	SPECIAL
	Maintain adequate ventilation intakes to Self-contained breathing apparatus	
	MECHANICAL (General)	EXHAUST
	system to be at or under source of vapor	OTHER

PROTECTIVE GLOVES

rubber

EYE PROTECTION

chemical safety goggles, plastic safety goggles

OTHER PROTECTIVE EQUIPMENT

head hoods, soft brimmed hats or caps, leather or rubber safety shoes

SECTION IX - SPECIAL PRECAUTIONS

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING

volatile solvent keep drum tightly closed and store in cool, covered location

Indoor storage tanks should have vents piped outdoors to prevent vapors from work

OTHER PRECAUTIONS

Moisture. Provisions should be made to prevent moist air from entering storage tanks

Gloves and shoes should be cleaned and ventilated after contamination. Clothing

should be laundered before usage. Wash hands thoroughly.

MATERIAL SAFETY DATA SHEET

Required under USDL Safety and Health Regulations for Ship Repairing,
Shipbuilding, and Shipbreaking (29 CFR 1915, 1916, 1917)

SECTION I

MANUFACTURER'S NAME Waste Research & Reclamation Company, Inc. ADDRESS (Number, Street, City, State, and ZIP Code) Route 3, Elm Staring, W.I. 24701	EMERGENCY TELEPHONE NO. 715-834-9624 Code 0916
CHEMICAL NAME AND SYNONYMS Methylene Chloride, Methanol, and other chlorina-	
TRADE NAME AND SYNONYMS Foam Flush 600 CCH-OK	
CHEMICAL FAMILY Chlorinated Hydrocarbons, Alcohols	FORMULA CH_2Cl_2 C_2H_5Cl C_2H_5OL C_2H_5OH

SECTION II - HAZARDOUS INGREDIENTS

PAINTS, PRESERVATIVES, & SOLVENTS	%	TLV (Units)	ALLOYS AND METALLIC COATINGS	%	TLV (Units)
PIGMENTS Methylene Chloride		500	BASE METAL		
CATALYST Trichloroethylene		100	ALLOYS		
VEHICLE 1-1-1 Trichloroethane		350	METALLIC COATINGS		
SOLVENTS Butanol		100	FILLER METAL PLUS COATING OR CORE FLUX		
ADDITIVES Ethanol		1000	OTHERS		
OTHERS					

HAZARDOUS MIXTURES OF OTHER LIQUIDS, SOLIDS, OR GASES

SECTION III - PHYSICAL DATA

BOILING POINT (°F.)	102-185°	SPECIFIC GRAVITY (H ₂ O=1)	1.305
VAPOR PRESSURE (mm Hg.)	350	PERCENT VOLATILE BY VOLUME (%)	100
VAPOR DENSITY (AIR=1)	4.0	EVAPORATION RATE (=1) variables	
SOLUBILITY IN WATER	~20%		
APPEARANCE AND ODOR	water white, clear		

SECTION IV - FIRE AND EXPLOSION HAZARD DATA

FLASH POINT (Method used)	105°F. (COP)	FLAMMABLE LIMITS	Lel	Uel
EXTINGUISHING MEDIA		Alcohol foam		
SPECIAL FIRE FIGHTING PROCEDURES				
Self-contained respiratory equipment should be provided for firemen fighting fires in buildings in which product is stored.				
UNUSUAL FIRE AND EXPLOSION HAZARDS				
When mixed with oxygen under pressure. Prolonged contact with metal powders (Al, Mg, etc.) may cause formation of explosion. H ₂ Gas				



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

IA005136023

KEOKUK DIVISION SELLER-GLOBE CORP
3200 MAIN
KEOKUK

IA 52632

INSTALLATION ADDRESS

3200 MAIN
KEOKUK

IA 52632

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the **INSTRUCTIONS FOR FILING NOTIFICATION** before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

I.	INSTALLATION SEPA I.D. NO.
II.	NAME OF IN- STALLATION
III.	INSTALLATION MAILING ADDRESS
IV.	LOCATION OF INSTAL- LATION

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

[illegible]

INSTALLATION'S EPA ID NUMBER										APPROVED		DATE RECEIVED (yr, mo, & day)							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
F	T	A	D	0	0	5	1	3	6	0	2	3	1						

1. NAME OF INSTALLATION																								
KEOKUK DIVISION																								

H. INSTALLATION MAILING ADDRESS																			
STREET OR P.O. BOX																			
C																			
3	3	2	0	0	M	A	I	N	S	T	R	E	E	T					
19	18																	43	

CITY OR TOWN															ST.	ZIP CODE				
C																				
4	K	E	O	K	Y	K									I	A	5	2	6	3

III. LOCATION OF INSTALLATION												
STREET OR ROUTE NUMBER												
C												
5	S	A	M	E								

CITY OR TOWN															ST.	ZIP CODE		
C																		
6																		

IV. INSTALLATION CONTACT	
NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
2 MIKE STONE	319-524-4560

V. OWNERSHIP	
A. NAME OF INSTALLATION'S LEGAL OWNER	
8	S H E L L E R - G L O B E C O R P O R A T I O N

D. TYPE OF OWNERSHIP (enter the appropriate letter into box)		VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
F - FEDERAL M - NON-FEDERAL	M	<input type="checkbox"/> A. GENERATION	<input checked="" type="checkbox"/> B. TRANSPORTATION (complete item VII)
		<input type="checkbox"/> C. TREAT/STORE/DISPOSE	<input type="checkbox"/> D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR ☐ B. RAIL ☒ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

<input type="checkbox"/> A. FIRST NOTIFICATION		<input checked="" type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)	
C. INSTALLATION'S EPA I.D. NO.		I A 0 0 0 5 1 3 6 0 2 3	

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

MAR 17 1981

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F002	2	3	4	5	6
7	8	9	10	11	12

HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Division General Manager

3/11/81



U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the instructions for FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

JUL 22 3 01 PM '80

INSTALLATION'S EPA I.D. NO.

IAD005136023

I. NAME OF INSTALLATION

KEOKUK DIV.

II. INSTALLATION MAILING ADDRESS

~~SHELLER-GLOBE CORP~~

3200 MAIN

KEOKUK, IA 52632

Sheller-Globe Corp

III. LOCATION OF INSTALLATION

3200 MAIN

KEOKUK, IA 52632

FOR OFFICIAL USE ONLY

COMMENTS

HWNS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

IAD005136023

T/A C

31

800722

NAME OF INSTALLATION

KEOKUK DIVISION SHELLER-GLOBE CORP

I. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3200 MAIN STREET

CITY OR TOWN

KEOKUK

ST.

ZIP CODE

IA 52632

II. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

same

CITY OR TOWN

ST.

ZIP CODE

V. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

MIKE STONE

319.524.4560

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

SHELLER-GLOBE CORPORATION

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

DESCRIPTION OF HAZARDOUS WASTES

See go to the reverse of this form and provide the requested information.

W	H	D	0	0	5	1	3	6	0	2	3	2	1	
1	2											13	14	15

X. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 2 23 - 26	2 F 0 0 3 23 - 26	3 F 0 0 5 23 - 26	4 F 0 1 7 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

B. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 0 0 2 23 - 26	32 U 1 5 9 23 - 26	33 U 1 6 1 23 - 26	34 U 2 2 0 23 - 26	35 U 2 2 3 23 - 26	36 U 2 2 9 23 - 26
37 U 2 3 8 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

C. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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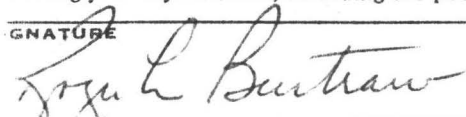
D. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)☐ 2. CORROSIVE
(D002)☐ 3. REACTIVE
(D003)☒ 4. TOXIC
(D000)

E. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

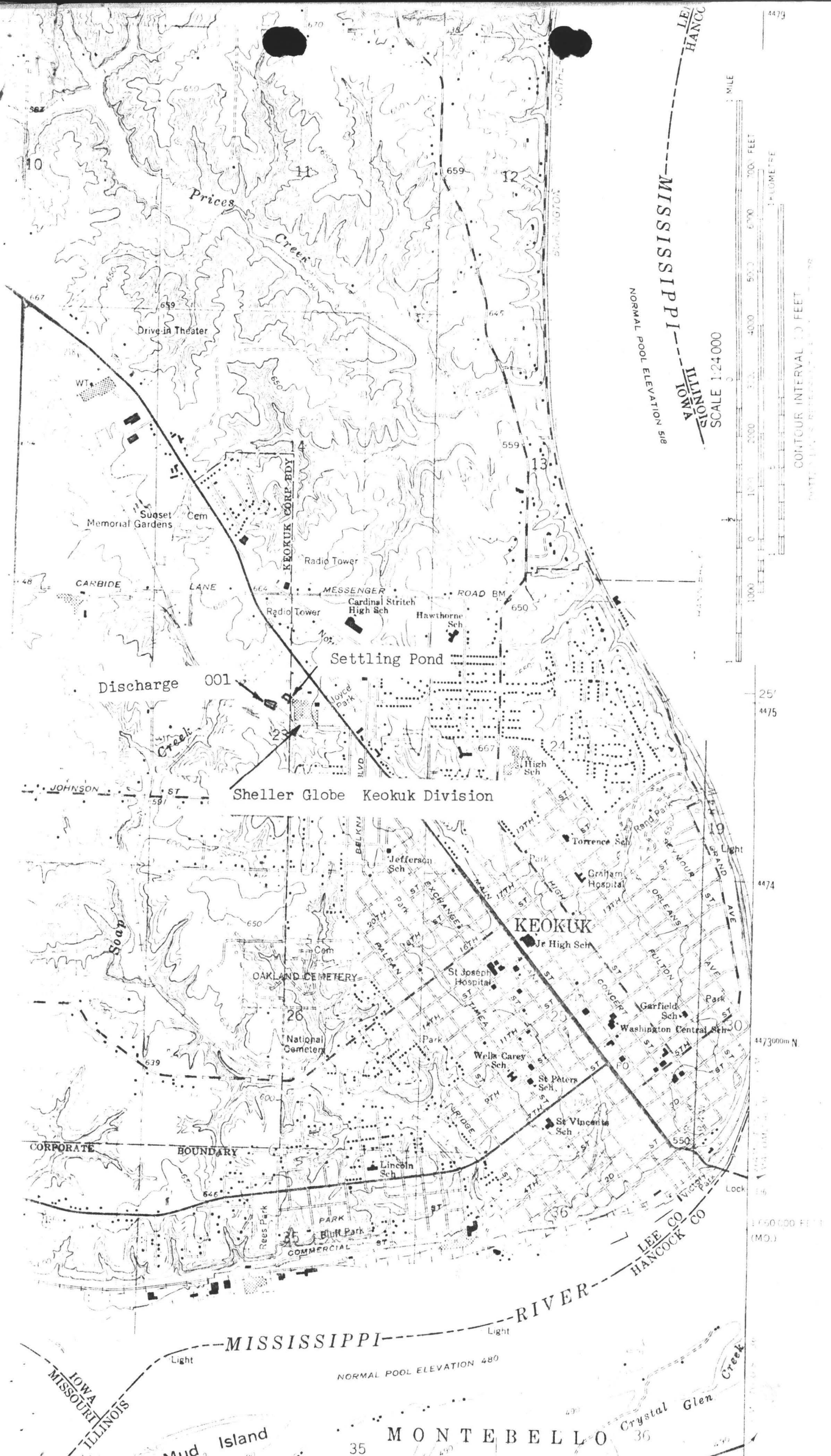


NAME & OFFICIAL TITLE (type or print)

 Roger L. Burtraw,
 Division General Manager

DATE SIGNED

7-17-80



MISSISSIPPI
NORMAL POOL ELEVATION 518
SCALE 1:24,000



Sheller Globe Keokuk Division

KEOKUK

MISSISSIPPI

NORMAL POOL ELEVATION 480

MONTEBELLO

LEE CO
HANCOCK CO

IOWA
MISSOURI
ILLINOIS

Mud Island

Crystal Glen Creek

CROSS-REFERENCED DOCUMENT

Document Description:

#8

Do not
Remove

Date: _____

Major/Minor Break: _____

Author: Pt A check sheet # 1 p. second dash
sheet

Recipient: _____

Doctitle: _____

This Slipsheet Located in Major/Minor Break: _____

This Document has also been Cross-Referenced in Major/Minor Break(s):

FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		EPA I.D. NUMBER	
EPA		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
I. EPA I.D. NUMBER					
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parentheses following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
		YES	NO	FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)			X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)
III. NAME OF FACILITY					
1 SKIP KEOKUK DIVISION					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)		
2 Mike Stone Plant Engr.			319 524 4560		
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 3200 Main Street					
B. CITY OR TOWN					
4 Keokuk			C. STATE	D. ZIP CODE	
			Ia	52627	
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			NOV 20 1980		
5 Same as Above					
B. COUNTY NAME					
LEE					
C. CITY OR TOWN			D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6					

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	3	0	6	7	3	0	7
(specify) Misc. Fabricated Rubber				(specify) Misc. Plastic Products			
C. THIRD				D. FOURTH			
7				7			
(specify)				(specify)			

VIII. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?
SHELLER GLOBE CORPORATION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)		4 1 9 2 5 5 8 8 4 0 15 16 17 18 19 20 21 22 23 24
E. STREET OR P.O. BOX		
1505 Jefferson		
F. CITY OR TOWN	G. STATE	H. ZIP CODE
Toledo	Oh	43697
IX. INDIAN LAND		
Is the facility located on Indian lands?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)				D. PSD (Air Emissions from Proposed Sources)			
9	N	1	A	9	P		
15	16	17	18	15	16	17	18
1, A, 0, 0, 0, 0, 5, 2, 3							
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
9	U			9			
15	16	17	18	15	16	17	18
				(specify)			
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
9	R			9			
15	16	17	18	15	16	17	18
				(specify)			

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of crash pads for the automotive industry.
 Manufacture of rubber weatherstrip for the automotive industry.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Roger L. Burtraw, Division General Manager	<i>Roger L. Burtraw</i>	11-17-80

COMMENTS FOR OFFICIAL USE ONLY

C	
15	16

FORM 3 RCRA		EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)		EPA I.D. NUMBER	
FOR OFFICIAL USE ONLY						T/A C	
APPLICATION APPROVED		DATE RECEIVED (yr., mo., & day)		COMMENTS			
23		24		13 14 15			
II. FIRST OR REVISED APPLICATION							
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.							
A. FIRST APPLICATION (place an "X" below and provide the appropriate date)							
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)							
<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)							
FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN							
YR. MO. DAY							
71 72 73 74 75 76 77 78							
B. REVISED APPLICATION (place an "X" below and complete Item I above)							
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS							
<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT							
III. PROCESSES - CODES AND DESIGN CAPACITIES							
A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).							
B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.							
1. AMOUNT - Enter the amount.							
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.							
PROCESS CODE APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY							
Storage:							
CONTAINER (barrel, drum, etc.) S01 GALLONS OR LITERS							
TANK S02 GALLONS OR LITERS							
WASTE PILE S03 CUBIC YARDS OR CUBIC METERS							
SURFACE IMPOUNDMENT S04 GALLONS OR LITERS							
Disposal:							
INJECTION WELL D79 GALLONS OR LITERS							
LANDFILL D80 ACRE-Feet (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER							
LAND APPLICATION D81 ACRES OR HECTARES							
OCEAN DISPOSAL D82 GALLONS PER DAY OR LITERS PER DAY							
SURFACE IMPOUNDMENT D83 GALLONS OR LITERS							
UNIT OF MEASURE UNIT OF MEASURE CODE UNIT OF MEASURE UNIT OF MEASURE CODE UNIT OF MEASURE UNIT OF MEASURE CODE							
GALLONS G LITERS L CUBIC YARDS Y CUBIC METERS C GALLONS PER DAY U LITERS PER DAY V TONS PER HOUR D METRIC TONS PER HOUR W GALLONS PER HOUR E LITERS PER HOUR H ACRE-Feet A HECTARE-METER F ACRES B HECTARES Q							
EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.							
S C DUP T/A C 1							
1 2 13 14 15							
LINE NUMBER A. PROCESS CODE (from list above) B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify) 2. UNIT OF MEASURE (enter code) FOR OFFICIAL USE ONLY							
X-1 S 0 2 600 G							
X-2 T 0 3 20 E							
1 S 0 1 11000 G							
2							
3							
4							
16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32							

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS	P
TONS	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS	K
METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY																	
W 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26													W 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26																	
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																														
W Z J Z	A. EPA HAZARD. WASTE NO. (enter code)		B. ESTIMATED ANNUAL QUANTITY OF WASTE		C. UNIT OF MEA- SURE (enter code)		D. PROCESSES																							
							1. PROCESS CODES (enter)																							
								2. PROCESS DESCRIPTION (if a code is not entered in D(1))																						
1	F	0	0	2	60,000 75,000	P	S	0	1																					
2	F	0	0	3																									Included in Above	
3	U	1	4	0																									" " "	
4	U	2	2	3																									" " "	
5	U	2	2	9																									" " "	
6	U	2	3	8																									" " "	
7					Michael Stone	1/8/81	J.V																							
8	F	0	1	7	15,000	P	S	0	1																					
9	F	0	0	5																										Included in Above
10	U	0	0	2																										" " "
11	U	1	5	9																										" " "
12	U	1	6	1																										" " "
13	U	2	2	0																										" " "
14																														
15																														
16																														
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20																														
21																														
22																														
23																														
24																														
25																														
26																														

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 1

EPA I.D. NO. (enter from page 1)

S																				T/A	C
F																					6
1	2																				

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

9	1																				
65	66																				

0	4	0																			
72		74																			

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

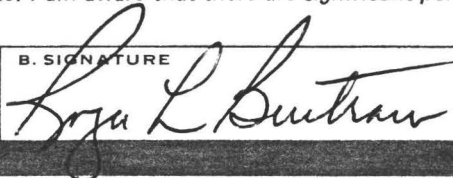
IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Roger L. Burtraw
Division General Manager

B. SIGNATURE



C. DATE SIGNED

11-17-80

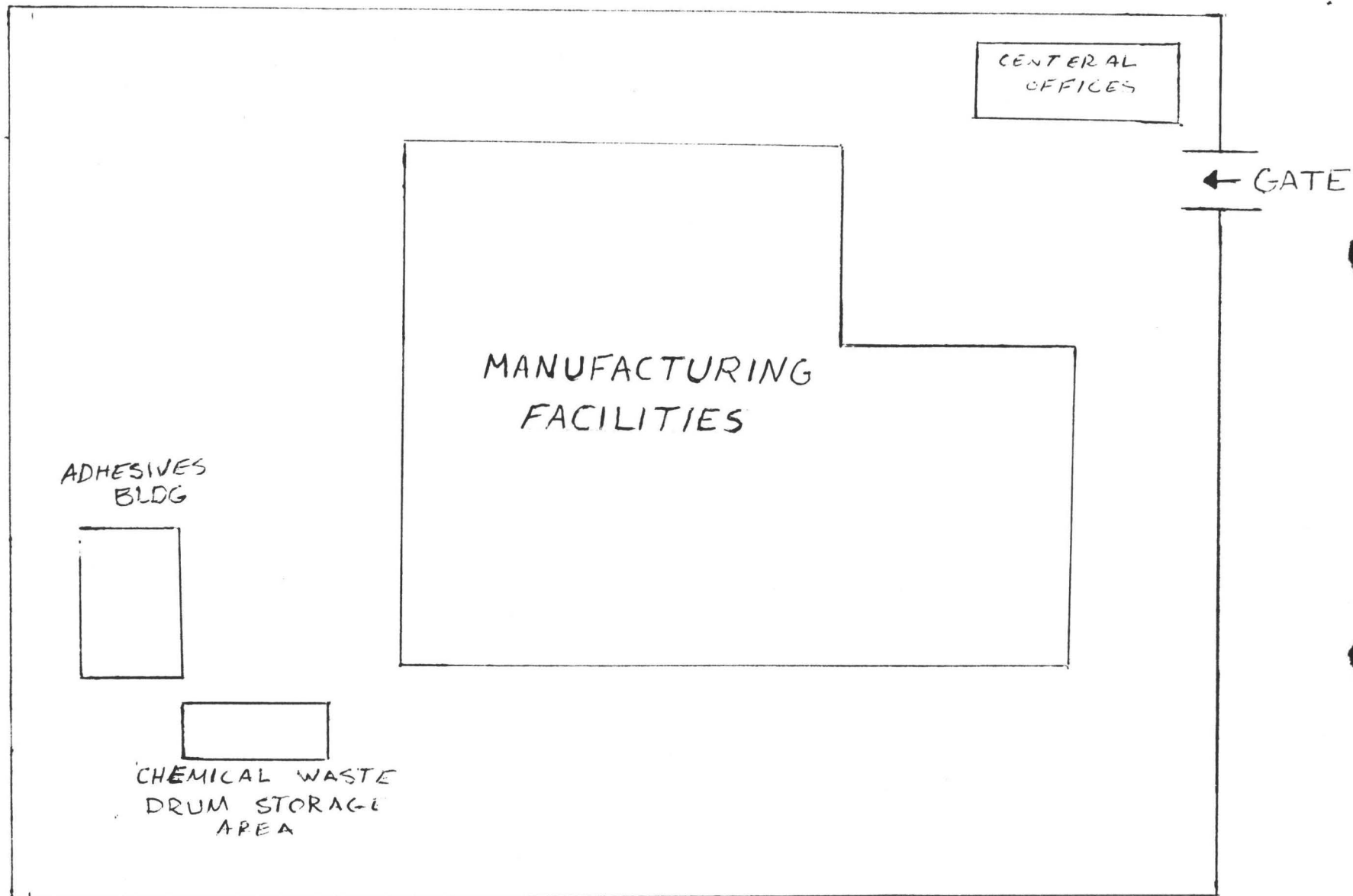
X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

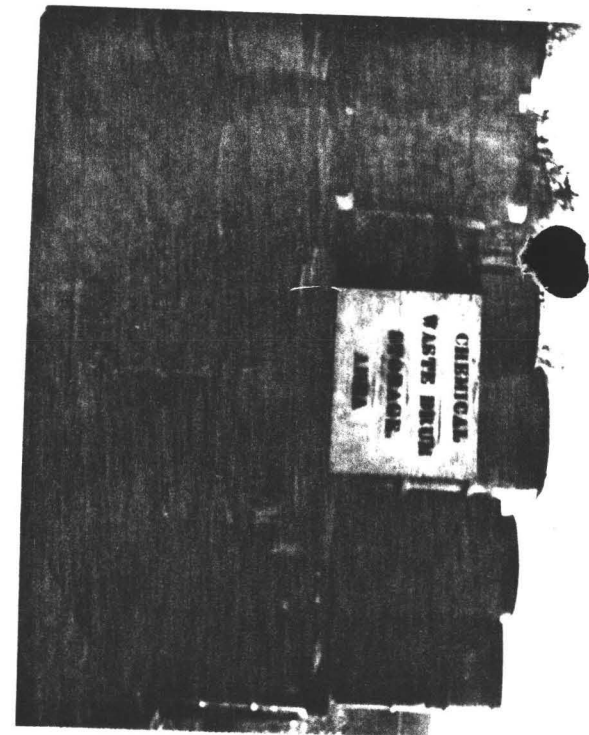
A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED



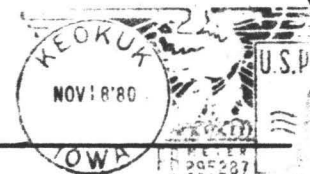
ILLEGIBLE
DOCUMENT



CORPORATION; Keokuk Division

eat

2632



EPA REGION VII

P.O. BOX 15606

KANSAS CITY, MISSOURI 64106

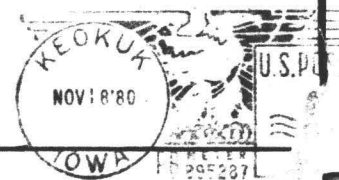
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DETACH ALONG THIS LINE

CORPORATION; Keokuk Division

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2632



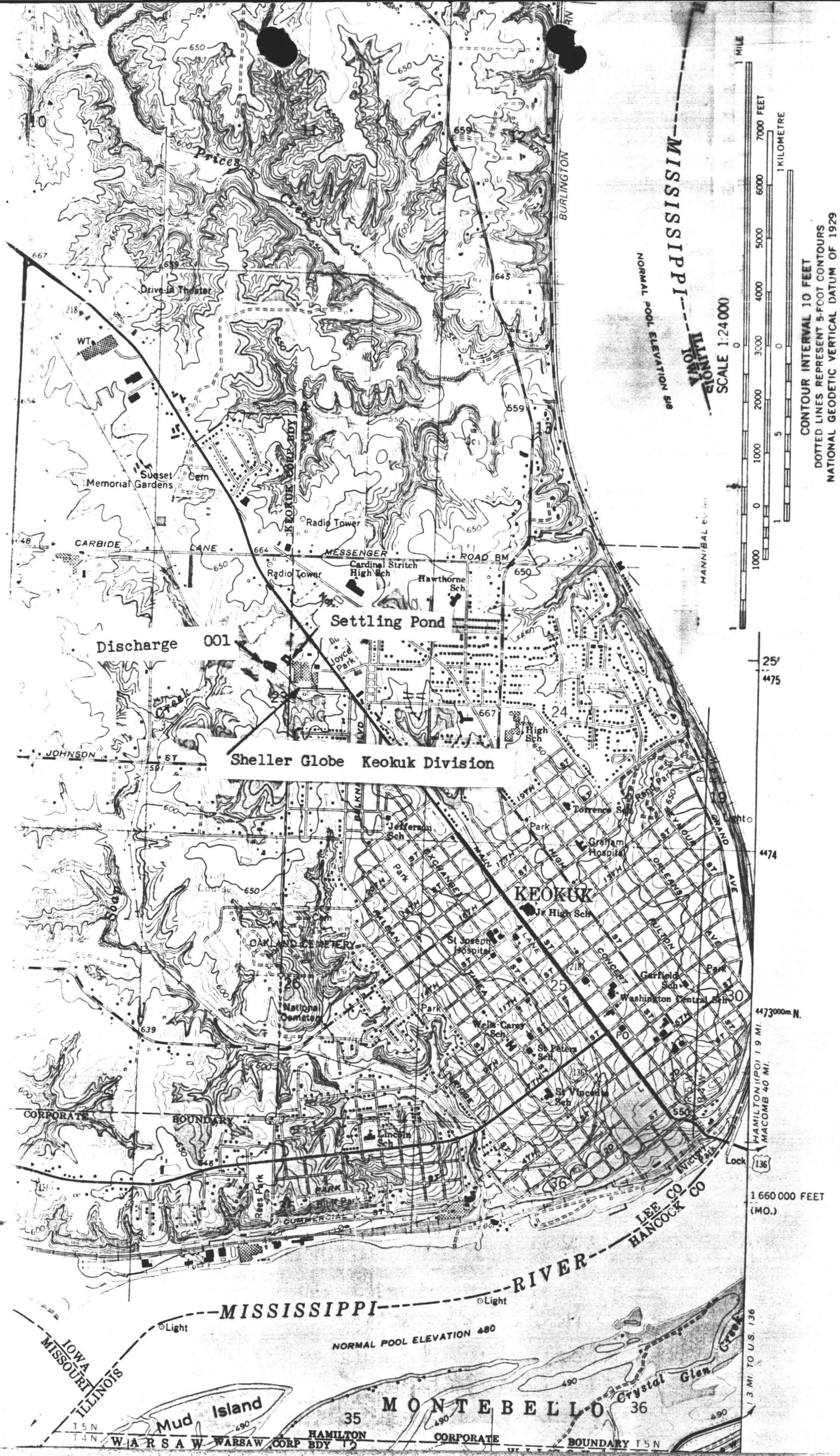
EPA REGION VII

P.O. BOX 15606

KANSAS CITY, MISSOURI 64106

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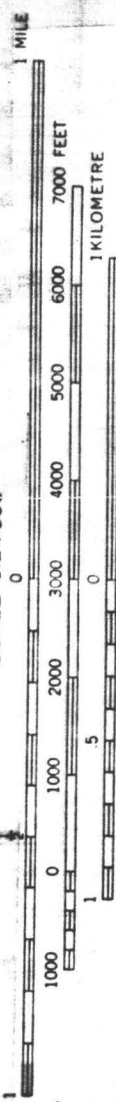
DETACH ALONG THIS LINE



NORMAL POOL ELEVATION 518

MISSISSIPPI

SCALE 1:24000



CONTOUR INTERVAL 10 FEET
DOTTED LINES REPRESENT 5-FOOT CONTOURS
NATIONAL GEODETIC VERTICAL DATUM OF 1929

Sheller Globe Keokuk Division

KEOKUK

MISSISSIPPI

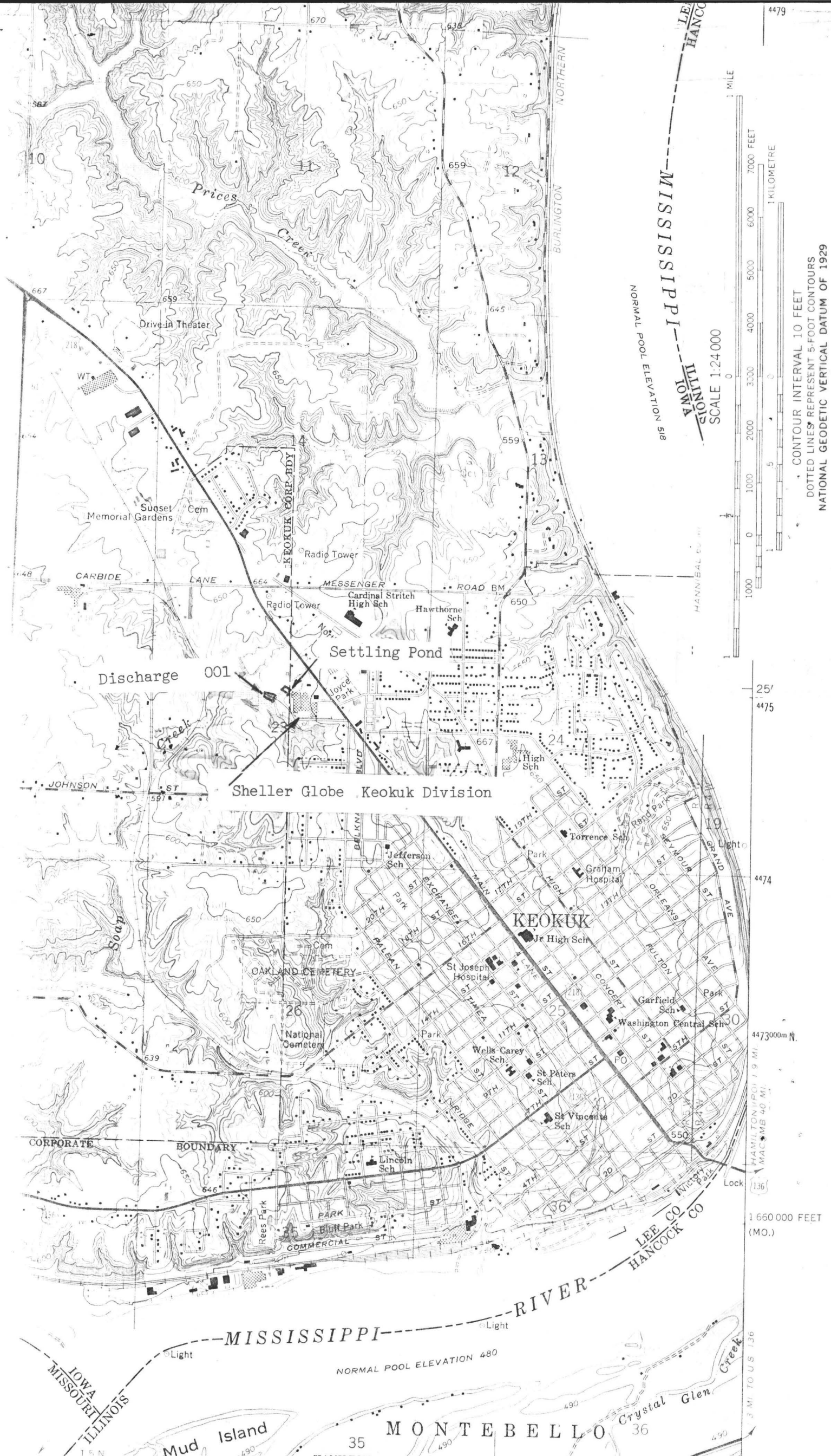
NORMAL POOL ELEVATION 480

MONTABELLO

WARSAW WARSAW CORP BDY

CORPORATE

BOUNDARY T5N



CONTOUR INTERVAL 10 FEET
DOTTED LINES REPRESENT 5-FOOT CONTOURS
NATIONAL GEODETIC VERTICAL DATUM OF 1929

SCALE 1:24,000

NORMAL POOL ELEVATION 518

NORMAL POOL ELEVATION 480

1660 000 FEET (MO.)

4473000m N.

4474

25' 4475